

2002 UNIFORM BUSINESS REPORT (UBR)

0012638 AT

DOCUMENT # **A98000000367**

1. Entity Name

AIR CONDITIONED SELF STORAGE OF MARATHON LIMITED PARTNERSHIP

FILED

02 MAR 18 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

Principal Place of Business
**105 PACER CIRCLE
WELLINGTON FL 33414**

Mailing Address
**P.O. BOX 487
LOXAHATCHEE FL 33470-0487**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number **65-0903805**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VOLLRATH, ROBERT K
105 PACER CIRCLE
WELLINGTON FL 33414**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ DATE: _____

9. Capital Contributions as Shown on record. **\$90,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$9,000**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000008714**
NAME **AIR CONDITIONED SELF STORAGE OF MARATHON I**
STREET ADDRESS **105 PACER CIRCLE**
CITY-ST-ZIP **WELLINGTON FL 33414**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Robert Vollrath

3/12/02 (305)933-5501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE